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ABSTRACT

The first section of the document consists of a questionnaire/survey instrument completed by 80 teachers as part of a study designed to evaluate the quality and efficiency of early education programs serving handicapped children (ages 3-5) in Louisiana during 1985-86. Frequency distribution of responses are shown in the instrument. The second section is a narrative developed from interviews during on-site visits to center-based and home-based programs. Qualitative data are reported on such topics as teacher training and certification, experience, and staff role. Descriptions of daily routines observed in center-based programs are also provided, including language-reasoning experiences, creative activities (music and movement, free or dramatic play), and personal care. (JW)

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STATEWIDE EVALUATION OF EARLY EDUCATION PROGRAMS FOR HANDICAPPED CHILDREN IN LOUISIANA 1985-86

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SUMMARY REPORT: TEACHERS

September 1986

Prepared by:
Betty N. Anderson
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Bureau of Evaluation

LOUISIANA DEPARTMENT OF EDUCATION
Thomas G. Clausen, State Superintendent

EC191764

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TO THE READER

This document is a product of the Statewide Evaluation of the Early Education Program for Handicapped Children in Louisiana, a study funded through a Cooperative Agreement between the U.S. Department of Education and the Louisiana State Department of Education. The evaluation represents a cooperative effort between the project staff in the Bureau of Evaluation, Office of Research and Development, and the program personnel of the Office for Special Educational Services in the Louisiana State Department of Education.

Information for this study was collected from personnel in the Louisiana Early Education Program at state and local levels between January 1, 1985, and June 30, 1986. Findings of this evaluation are based upon a multiple-model research design that included data collection during 39 program visits, 59 class observations, 570 surveys/questionnaires, 1,020 personal interviews with staff and parents, 303 class profiles, 606 individual student profiles, and more than 664 hours of on-site fieldwork. A comprehensive, technical report of these findings has been prepared for the primary audiences of this study.

Input from the field indicated to project staff that feedback was important to the contributors. Therefore, this document and other similar reports of the 17 service roles identified in the program have been prepared in response to this request. This document contains a copy of the survey/questionnaire instrument that was sent to teachers in the preschool program for completion along with the frequency distributions of their responses. It should be noted that, unless otherwise indicated, all numbers are percentages of responses based on the 80 teachers who completed the instrument. Totals in excess of 100 percent are due to rounding.

The second section of this document is a narrative developed from data gathered in interviews with teachers, aides, and bus drivers during the naturalistic study and the three waves of the evaluation. The narrative also includes descriptive information recorded during the classroom observations.

Project staff are deeply appreciative of the time and effort contributed by the many people in the field without whom the study could not have been conducted. We hope that the information in this document will assist special education program personnel, especially teachers, in providing the best program possible for handicapped preschoolers.

Betty N. Anderson

Betty N. Anderson, Project Director

JoAnn C. Bower

JoAnn C. Bower, Research Analyst

Preschool Handicapped Program Evaluation

Teachers

The Louisiana Department of Education has entered into a cooperative agreement with the U.S. Office of Education to conduct a statewide study of the early education programs for handicapped children in Louisiana. The study is designed to provide program personnel and parents opportunities to showcase strengths and to suggest improvements for various program models. The study, which is NOT designed as a monitoring tool for compliance, will be a medium through which information about different program models can be disseminated. Areas of program models to be explored include, but are not limited to, the regular and related program services which are provided to children and parents, service delivery models, program formats, instructional models, physical facilities, staffing patterns, transportation, program processes, transitional efforts, interaction patterns, learning environment, staff training and experience, coordination across programs, program impact on participants and parents, and perceived benefits and difficulties of the program models.

The Bureau of Evaluation in the Office of Research and Development is conducting the study, with the cooperation of the Office of Special Educational Services. Information for the study will be collected from all school systems in the state with the assistance of each system's special education staff and the Louisiana Early Education Program coordinators. We would like to request your assistance in providing critical information about your preschool handicapped program for three- to five- year-old children. Your support and input are needed in this study, which has the potential to affect the quality of education in Louisiana. If you have any questions regarding the study or the information you are requested to provide, please feel free to call Dr. Betty Anderson or Dr. Jo Ann Bower at (504) 342-3835.

Please note: The identity of individuals, schools, and parishes will remain STRICTLY CONFIDENTIAL.

Please return this survey in the stamped, self-addressed envelope no later than December 15, 1985.

_____/_____/_____/ 58 C 2 H 20 B 0 S
1 2 3 4 5 6 7

1. *How many years' teaching experience have you had in preschool handicapped programs? (Include the current academic year.)(80 responses)*

Range = 1 to 11 years 1 yr=21% 2yrs=13% 3yrs=21% 4yrs=18%
5yrs=09% 6yrs=06% 7yrs=01% 8yrs=06%
9yrs=03% 10 & 11 yrs=01%

2. *Check the appropriate category that applies to you.*

0% Home-based teacher* 100% Center-based teacher

NOTE: Sampling was based on 1984-85 class format. Classes identified as home-based were changed to center-based in 1985-86.
**One teacher in a center-based program reported serving 5 homebound children, birth to 3 years of age, twice a week.*

3. *Please indicate whether or not you have each of the certification or special training areas listed below. Check how helpful each area is in performing your duties as child search coordinator. (Check every area.)*

A. Teacher certification: special education (72)
76% have, helpful 0% have, not very helpful 24% do not have

B. Teacher certification: elementary or secondary education (70)
64% have, helpful 21% have, not very helpful 14% do not have

C. Teacher certification: kindergarten (67)
46% have, helpful 0% have, not very helpful 54% do not have

D. Elementary or secondary administration certification (62)
5% have, helpful 3% have, not very helpful 92% do not have

E. Early childhood development degree (64)
31% have, helpful 0% have, not very helpful 69% do not have

F. Counseling certification (61)
3% have, helpful 0% have, not very helpful 97% do not have

G. Special inservice training, such as workshops sponsored by the Louisiana Early Education Program regional coordinator (68)
65% have, helpful 4% have, not very helpful 31% do not have

H. Other (What?) Certification in non-categorical preschool, reading, assessment teacher, physical education, speech pathology (33)
79% have, helpful 0% have, not very helpful 21% do not have

4A. *What previous experience have you had in the field of education? (Check all that apply.)*

73% Teacher: special education
21% Teacher: kindergarten
43% Teacher: elementary education
15% Teacher: secondary education
25% Related work in early childhood development
24% Work in church daycare program
20% Work in daycare setting (other than church daycare program)
30% Other = Educational Consultant, APE Teacher, Elementary PE Teacher, Supervisor of Special Education, Daycare Center, Residential Summer Camp

4B. *Write the number of the experience among those listed above that has helped you MOST in performing your duties as a teacher in the preschool handicapped program. (69)*

#1=60%, #2,#3,#4=6%, #5=10%, #6,#7=1%, #7=9%

5. *Do your responsibilities in the preschool program include these? Circle Y (Yes) or N (No) for each item.*

100% To plan and implement an appropriate instructional program for each child in my class (79)
87% To confer with assessment personnel when a child is first placed in my class (78)
76% To maintain on-going communication with assessment personnel regarding the progress and needs of children placed in my class (76)
99% To confer with parents regarding the instructional plan for their child when a child is placed in my class (79)
100% To maintain on-going communication with parents regarding the progress and needs of the children (79)
91% To provide direction/supervision to ancillary staff (76)
94% To get children from classroom to bus or other transportation (79)
24% To direct the preparation of meals for the children (79)
53% To see that facility needs of the children are met (ramps, rails, wheelchair bowls, special bathroom facilities, etc.)(79)
96% To assess the children in my class regularly (79)
100% To revise the IEP as needed and in the required manner (79)
78% To teach parents how to work with their children at home (78)
56% To contact kindergarten teachers and make the necessary arrangements for transition from the preschool program to kindergarten (79)
83% Other = Checking to ensure that parents keep their appointments with school assessment personnel (6)

CENTER-BASED TEACHERS ONLY (HOME-BASED TEACHERS TURN TO QUESTION 11.)

6. *Describe a "typical day" in the preschool handicapped class using different activity blocks and the approximate time for each. Please GIVE EXAMPLES of activities you do during the blocks, rather than simply naming blocks.*

The following is a compilation of information: Mornings typically begin with greeting children at the bus unloading area or in the classroom. Diapering and toileting are followed by handwashing and then breakfast, if it is provided. In the classroom, children may have free play or watch Sesame Street on television until all children have arrived. The first instructional activity is usually a group session--circle time or a language stimulation activity. It is usually followed by small group or individual sessions. Some of these sessions include math, a readiness segment consisting of color recognition, naming the days of the week, hands-on flannelboard manipulation, or a study of the letter people using Alpha Time. A number of teachers designate some of the morning as IEP time--a period during which the aide and teacher work with children on their individual objectives. Most also schedule a morning segment devoted to fine motor activities including coloring, cutting paper along designated lines, pasting beans on an outline of a figure, stringing beads, lacing shoes, buttoning buttons, zipping zippers, picking up coins and dropping them into labeled jars, etc. Gross motor activities may also be included in the morning session. One teacher reported a reading period prior to the lunch break. She indicated that she uses this time to read a story to the children and have them use language to recall details or to retell the story. Self-help periods are set aside for teaching children skills which include tying shoes, removing/putting on outer garments and hanging them on hooks/hangers, buckling belts, zipping zippers, using the bathroom, etc. Art activities and gross motor activities are interspersed throughout the day. The art activities may include finger painting, tempra painting, play dough, etc. Gross motor activities include climbing, swinging, riding wheeled toys, jumping on a trampoline, playing with balls, etc. Clean-up times are found throughout the daily schedules. It may refer to the cleaning of hands,faces, and teeth or to the cleaning of the room and, specifically, the work area. Snack times can be found in both morning and afternoon sessions, however the lunch schedule seems to be the determinant of the snack time. If lunch is early and breakfast is provided, then there is no morning snack. However, if lunch is served around noon or later, then a morning snack is usually provided. Nap or rest period varies with each program. It usually occurs in the afternoon following lunch, but one program reported a rest period in the morning as lunch is not served until 1:15 p.m. The length of the school day was reported to range from 6 to 8 hours with children arriving between 7:30 and 9:30 a.m. and leaving school between 2:00 and 3:00 p.m. Adaptive physical education, speech and physical and/or occupational therapy were reported as periods spread throughout the school day.

CENTER-BASED TEACHERS ONLY (HOME-BASED TEACHERS TURN TO QUESTION 11.)

7. *Please give your best estimate of the preschool handicapped children's travel time as indicated. (71)*

Average travel time for all preschool handicapped students:

10 to 180 Minutes per day *round trip*
(54% of children reported travel one hour or more; 14% travel two hours or more)
Longest travel time for any one student:

10 to 240 Minutes per day *round trip*
(18% of children reported travel *three to four hours per day*)

8. *Are any of the preschool handicapped children transported with non-handicapped children? (Check one.) (77)*

33% Yes 61% No 7% Don't know

9. *Are any of the handicapped preschoolers transported with older children? (Check ONE.) (75)*

17% No
31% Yes, with elementary-aged children only
3% Yes, with high school-aged children only
47% Yes, with both elementary- and high-school-aged children
1% Don't know

10. *Have you observed any of these problems directly or indirectly related to transportation? (Check all that apply.)*

30% Lack of special seats for handicapped preschoolers
9% Lack of special buses
13% Reluctance of bus drivers to transport exceptional preschoolers
19% Lack of consistency in pick-up and delivery schedules
35% Fatigue from lengthy travel time
19% Discipline problems
38% Lack of a covered loading area for arriving and departing students
1% Don't know/no contact with transportation
26% No transportation problems
18% Other = Poor attitude of bus drivers, failure to screen bus drivers for special education buses

HOME-BASED TEACHERS ONLY (QUESTIONS 11-13) (CENTER-BASED TEACHER TURN TO QUESTION 14.)

11. *Outline a typical session with a home-based child. Please GIVE EXAMPLES of the activities rather than simply naming activities.*

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HOME-BASED TEACHERS ONLY:

12. *How much time do you usually spend with a home-based child? (Do NOT include your transportation time.) (1)*

45 Minutes per session

2 Session(s) per week

HOME-BASED TEACHERS ONLY:

13. *How many home-based children do you currently serve?*

0 Children, aged 3-5

5 Children, other ages

CENTER-BASED AND HOME-BASED TEACHERS:

14. What kind of curriculum do you use? (Check ONE.) (57)

18% We use - LAP, Texas Curriculum, TOTAL, Early Lap

26% We have developed our own. (Describe.) Teacher-designed learning centers, parish-developed programs in language development

54% We are using materials from several curricula, including Brigance, Gesell, Chapel Hill, Ready Steps, HELP, Steck-Vaughn, RAPYHT, PEEK

2% Other = Worksheets, Goldman-Lynch Sounds & Symbols, Oregon Project, Functional Profile, DLM, Pacemaker, Target on Language

15. What coordination/communication is there between you and the kindergarten teachers to whom the children may be assigned when they exit the preschool program? (Check ONE.) (67)

5% We have a formal conference before a child's placement in kindergarten.

8% We have a formal conference before a child's placement in kindergarten AND after placement as needed.

9% We have informal conferences before a child's placement in kindergarten.

27% We have informal conferences before a child's placement in kindergarten AND after the placement as needed.

21% We have no communication.

31% Other (What?) = Some teachers reported that the children go to an older preschool class or a prekindergarten class, while others reported that the children were functioning on a level too low to permit entry into kindergarten. Thus, the question did not apply to them.

16. *How do you use the following kinds of assessment information in the development of a child's IEP and in your day-to-day instruction of the child? If you don't use a particular kind of information, tell why.*

Medical (Please explain.) Allows one to provide for visual, auditory, and physical impairments. Child's medication, if any, and enables one to monitor medical recommendations to ensure follow-up care of the child. One teacher reported that medical records are rarly available.

Psychological (Please explain.) Not examined as closely as other information. Gives baseline data for child's socialization skills and behavior patterns. Hard to obtain valid scores on autistic children.

Educational/Assessment (Please explain.) Developmental level information assists in planning IEP goals and daily objectives. Usually need additional testing and observation for teacher use. Provides baseline data for language and cognitive development.

Other (Please explain.) Evaluation team does not know child like the teacher does, therefore many teachers conduct informal assessment to obtain information for planning daily activities. Home visits are used in developing child's instructional program. Social history is helpful.

17A. *In what areas do the aides/assistants/paraprofessionals work with the children? (Check all that apply.)*

80% Cognitive area
91% Motor area
91% Social area
84% Communication area
94% Self-help area (feeding, toileting, dressing, brushing teeth, etc.)
11% Other

17B. *Write the number of the PRIMARY AREA among those listed above in which aides/assistants/paraprofessionals work with the children.(66)*

#1=14%, #2=15%, #3=3%, #4=6%, #5=56%, #6=5%

18. *Describe the role of any volunteers who help with the program. (Please include the names of clubs and organizations that sponsor Christmas parties, Easter egg hunts, field trips, or other seasonal activities. For individuals, do not give names; just list the types, for example, "Parent.")*

Volunteer	Role/Activity
McDonald's	Complimentary lunches
Parent(s)	Field trips, special olympics, parties
Parents (once a week)	Promote parent-child interaction
Civic organizations: Civitan, Kiwanis, Junior League, Telephone Pioneers, churches and high school groups	Provide seasonal parties, materials and equipment, and other funds

19. *Have you experienced burnout while working in the preschool handicapped program? (Check the ONE that best applies.)*

- 43% No, I have not experienced any burnout.
- 38% Yes, I have felt some burnout; usually, it has been short term.
- 18% Yes, I have experienced burnout at the end of the school year.
- 3% Yes, I have experienced major, long-term burnout.

20A. *What do you feel causes burnout in the preschool handicapped program teachers? (Check ALL that apply.)*

- 45% Repeated assignment to the more involved severe/profound classes
- 54% Teachers' inability to "leave" these children, their needs, and their problems at school at day's end
- 39% Lack of opportunity for these teachers to meet as a group to share common concerns
- 31% Teaching in the extended-year program, as well as in the regular school program
- 34% Other (What?) = Excessive paperwork, too many children in a class functioning at too many different levels

20B. *Write the number of the item among those listed above which you feel is the PRIMARY FACTOR in teacher burnout in the preschool handicapped program. (70)*

#1=24%, #2=33%, #3=10%, #4=9%, #5=24%

21A. What things do you believe might prevent or alleviate burnout? (Check each area.)

Would this help?	*Is this available to you?*	
Yes=79%	Yes=39%	Rotating assignments so that the same teachers are not always assigned to the more involved severe/profound classes
Yes=77%	Yes=40%	Providing professional counseling for program personnel
Yes=97%	Yes=75%	Allowing teachers to attend conferences, workshops, etc., so that they can get updated knowledge, grow professionally, and develop fresh perspectives away from their usual environments
Yes=92%	Yes=32%	Providing release time for share-group sessions, during which teachers can discuss common concerns and offer one another other support

21B. Write the number of the factor among those listed above that would BEST prevent or alleviate burnout. (73)

#1=30%, #2=7%, #3=30%, #4=33%

22. Have you observed burnout in the aides who work in the preschool handicapped program? (Check the one that best applies.) (74)

21% No, I have not observed any burnout.
53% Yes, I have observed burnout occasionally; usually, it has been short term.
19% Yes, I have observed burnout at the end of the school year.
5% Yes, I have observed major, long-term burnout.

23A. In your opinion, what are the primary benefits parents and children receive from the preschool handicapped program? (Check all the benefits you feel they are receiving.)

95% Children acquire self-help skills and become more independent.
89% Children who are developmentally delayed have an opportunity to "catch up."
81% Some children who receive program services and attend kindergarten in a regular school setting could not have done so without the preschool handicapped program.
94% Children demonstrate gains in the cognitive domain.
96% Children demonstrate gains in the social domain.
93% Children demonstrate gains in the motor domain.
86% There is a reduction of parents' tension or stress once they realize the program provides someone/something to help their exceptional children.
78% Parents tend to acquire more acceptance of their children's exceptionalities.
85% Parents learn to have more realistic expectations for their exceptional children.
74% Parents are sometimes freed, so that they can do routine things like shopping or, in some cases, seeking employment.
61% There is more acceptance of exceptional children by regular education teachers and students in the school setting.
54% There is more community acceptance of exceptional children.
0% I can see no benefits from this program.

5% Other = Program is an alternative to institutionalization. Parents begin to support each other.)

23B. Write the number of the benefit among those listed above that is the MOST IMPORTANT benefit children and/or parents are receiving from the preschool handicapped program.

#1=26%, #2=37%, #3=12%, #4,#5=1%, #6=0, #7=7%, #8=4%, #9=6%, #10=3%, #11=0, #12=3%, #13,#14=0

24A. What difficulties have you observed in the preschool handicapped program? (Check all the difficulties you have observed.)

30% There are difficulties in securing and keeping an adequate number of teachers and other program staff.
40% There are difficulties in finding qualified or trained staff.
39% Funding is not adequate.
23% There are difficulties in finding children who are potential qualifiers for the program.
40% There are difficulties in assessing children referred for services.
4% Teachers have difficulty in transporting materials to home-based settings.
29% Medical evaluations frequently delay the assessment process.
24% Medical evaluations are difficult to interpret.
68% Parents are less involved than they should be.
48% There are inadequate curricular materials available for use with low-functioning children.
38% Materials/supplies are inadequate.
16% The method of transporting students is unsatisfactory.
25% Students spend too much time traveling to and from class.
26% Program staff experience burnout.
34% Available physical facilities are not adequate for these children.
31% The physical facilities are not located in a setting that permits integration of the preschool handicapped children and regular children.
53% Ancillary staff (therapists, adapted physical education teacher, nurse) do not have appropriate working space.
44% There should be more or better coordination between related agencies (health unit, etc.) and program personnel.
26% There should be more or better coordination among the personnel who provide different services within the program (teacher, therapists, adapted physical education teacher, assessment team members).
38% It is difficult to secure special services like physical therapy, occupational therapy, etc.
25% There are problems in integrating the exceptional children and the regular children.
18% The quality of instructional services provided during the extended-year (summer) program is not on par with that provided during the regular year.
29% There are difficulties documenting regression in order to determine children's eligibility for the extended-year program.
6% The extended-year program denies some staff and children the opportunity for a needed break.
5% There are difficulties in interpretation of/compliance with with 1508 guidelines. Please indicate the specific area in which these occur: (No responses)
11% Other = Train regular educators to integrate these handicapped children in the mainstream

24B. *Write the number of the difficulty among those on the preceding page that causes you MOST CONCERN. (70)*

#1=1%, #2=7%, #3=6%, #4=7%, #5=1%, #9=23%, #10=9%, #11=6%, #12,#14=1%, #15=13%, #16=4%, #17=3%, #19=4%, #20=6%, #23=1%, #26=6%

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Being cognizant of your heavy workload and hectic schedule, our staff would like to extend our special thanks to you for participating in this study. We cannot overemphasize the contribution you have made by supplying information about your program.

If there are unique areas, strengths, or weaknesses of your program that have not been addressed in this questionnaire, please comment in the space provided below. Also, please feel free to comment on any item on the questionnaire.

Let us once again encourage you to take advantage of this opportunity to share suggestions or concerns about the preschool handicapped program. Confidentiality is assured. Your time in providing this additional, valuable information is appreciated.

Strengths: Provides speech therapy and adaptive physical education on a daily basis

Suggestions for improvements: More parent training, ditto sheets do not teach children but can be used for motor coordination, limit size of class to eight children - "Feeling that what you are doing is useless because teachers further down the road do not continue activities, and children lose these skills."

Unique areas: Schools need to provide an organized program to train teachers how to involve parents in the school program, as many teachers are not skilled in these techniques.

Once again, we would like to thank you for your assistance in this project.

STATEWIDE EVALUATION OF THE EARLY EDUCATION PROGRAM

FOR HANDICAPPED CHILDREN IN LOUISIANA

Interview Data Summary: Teachers

prepared by

Betty N. Anderson and JoAnn C. Bower

Interviews with program personnel were used to gather information from the field in developing and fieldtesting the data-collection instruments during the naturalistic study, Wave 1, and Wave 2 of this evaluation. During this period, 22 teachers were interviewed and the data were recorded. Additional data were collected from 29 teachers during the classroom observations in Wave 3 resulting in a total of 51 interviews with teachers. Wave 3 also included the collection of quantitative and qualitative data on surveys/questionnaires that were completed by 80 teachers. This section of the report is a summary of the qualitative data collected during all four segments of the study from teachers, aides, and bus drivers. (Note: The frequency distributions of responses on the survey/questionnaire instrument, as well as information related to the transportation of children, and a description of the daily activities for center-based classes is included in the first section of this report.)

Training/Certification

A majority of the teachers who were interviewed reported certification in at least one area of special education or in elementary education, while some reported certification in noncategorical preschool

and kindergarten. Several teachers reported certification as a speech pathologist or as an assessment teacher. One teacher indicated that she held a master's degree and certification in emotionally disturbed, socially maladjusted, learning disabled, mildly/moderately handicapped, severely/profoundly handicapped, supervision of student teaching, elementary education, and principalship. At least two teachers stated that they had out-of-state generic certification in special education and that this training was very helpful to them. In addition to reporting that specific certification areas were helpful, a number of teachers also identified the special inservice workshops sponsored by the Louisiana Early Education Program Coordinators as a source of valuable information in the planning of their instructional program.

Experience

The teachers interviewed identified several types of experiences they had had that were viewed as particularly relevant in preparing them for the preschool handicapped program. These experiences included teaching special education classes for older children, serving as an aide in a hearing-impaired class in college, working in vacation Bible school, raising one's own children, working in daycare facilities, and working in church-sponsored programs. It is interesting to note that practicum experience with preschool handicapped children during their college program was not identified.

Role in the center-based preschool program

The responsibility most frequently cited by teachers in reference

to their role in center-based programs was that of planning an individualized instructional program for each of the children in the class. Other responsibilities most frequently cited included the following:

- conferring with assessment personnel when children are first placed in the class,
- maintaining on-going communication with assessment personnel regarding the progress and needs of children placed in the class,
- maintaining communication with parents,
- conducting formative and summative evaluations of each child,
- revising each child's IEP as needed in accordance with regulations,
- providing instruction to parents in behavior modification and other pertinent skill areas to enable them to reinforce classroom activities at home, and
- maintaining a written record of each child's participation and progress in the class.

Other responsibilities less frequently cited included:

- providing direction/supervision to the ancillary staff,
- supervising the movement of children to and from transportation vehicles (points of arrival and departure),
- providing for a smooth transition from the preschool program to the next program to which the children may be assigned upon

program exit,

- creating a stimulating learning environment for the children, and
- making oneself available to parents, at their convenience.

Some teachers indicated that they would like to act as facilitators in the transition of children from the preschool handicapped program to other programs, but that they don't always know in advance where the children will be placed. They suggested that this may be due to the level of confidentiality often required to ensure that children will not be labeled or to a lack of adequate lines of communication among program personnel, especially at the administrative level.

Daily activities observed in the center-based programs

In planning for the classroom observations specified in the naturalistic study and Waves 1 and 2, an objective, consistent method was developed to ensure the effective and efficient collection of relevant data. Following an extensive literature search, a review of the available instruments for this purpose, and discussion with the project consultant, the Early Childhood Environment Rating Scale by Clifford and Harms (1980) was selected. This instrument has a sound research base, and is widely used in measurement of the learning environment in preschool programs.

During the third wave of the study, classroom observations focused on the specific areas and activities included in the scale, such as, personal care routines, language-reasoning experiences, fine and gross motor activities, creative activities, etc. Some of the activities

observed in the center-based programs that are exemplary of these areas and activities are discussed below.

Language-reasoning experiences. In several classes, the schedules showed that language periods were scheduled during both morning and afternoon sessions. In those classes visited by the evaluators, both the teacher and aide appeared to be excellent language models and provided the children with many opportunities throughout the day to verbalize their individual thoughts. Some teachers encouraged the children to use longer phrases or complete sentences to express themselves. Some teachers had perfected the art of interacting with every child. In one class a teacher was observed using a speech mirror with a mini-flannelboard backing during the language activities. The mirror was used in a way that permitted positive reinforcement related to the children's mastery of the spatial relationships. When a child placed an object in a designated space on the mini-flannelboard, the board was flipped to the mirror side, and the teacher announced that the child would see a big smile--his own, which seemed to delight the child.

In one class of eight, two children were verbal, ambulatory, and very active, but the other six were very low functioning with multiple handicaps. Two of the children had very low vision. None of the students in this class were classified as deaf, although the level of hearing of the low-functioning children was not discernible, according to the teacher. The teacher and aide were observed giving directions and explanations slowly and distinctly with a minimum of spoken language.

Some of the children could not respond verbally, and others who were slow to respond were given adequate time to do so. The children were encouraged to use complete sentences. The teacher and aide modeled language responses, even for the children who were nonverbal. Provisions were made to include all of the children in every activity conducted during the day.

In this same class, the aide was observed while working with three children on color identification, name recognition, counting and bead-stringing activities. The two verbal children were in the group, and the third child was a deaf child over 5 years of age who came to the class from another special education class in the building. To accommodate the needs of the deaf child, the aide had learned to sign basic color names, the names of the children, and some simple commands.

While most of the classrooms were similarly equipped with regard to language materials (such as books, cassettes, records, pictures, and puppets etc.) the activities designed to promote the use and understanding of language often differed. Some teachers, for example, systematically targeted every child for receptive and expressive language. These teachers rarely missed an opportunity to develop language in the children, whether it was greeting the children as they got off the bus and engaging them in light conversation as they walked to the classroom; encouraging language and incorporating it with manners and self-help eating skills at meal times and snack times; working on language concepts as they helped children climb UP a ladder and then

slide DOWN the slide or directed the children to LINE UP using concepts of FIRST, NEXT, and LAST; or moved from child to child during free play, interacting with each one and encouraging interaction among the children. These teachers also did not require silence at mealtimes, nor did they suppress informal language. This is not to say that they permitted anarchy, but rather they used every opportunity that surfaced for language development.

Furnishings and display for children. Furnishings such as child-sized tables and chairs, mats/cots for resting, cubbies for storage of children's belongings, free-play materials, fine-motor supplies, etc., seemed adequate in most classes and were generally judged to be so by the teachers interviewed. Some items were naturally older than others, but all furnishings, equipment, and materials appeared to reflect the results of the teachers' solicitous care.

Room arrangement was generally a sign of the ingenuity of the teachers, even those with small rooms. Activity centers were physically defined, and activities were usually confined to the appropriate centers. In some of the classes, interest centers were uninterrupted by the flow of traffic, but they were observable for supervision from almost any vantage point in the classroom. Also apparent were the teachers' efforts to separate the quiet areas from the noisy ones.

Although the evaluators observed fabric sofas and soft bean-bag chairs in a few programs, recognition of the children's need for softness, relaxation, and comfort in their environment was generally not

a strength in the classes observed. Carpet squares and rocking chairs were generally the only provisions for meeting this need.

Creative activities:Music/movement. Music, with varying degrees of movement, was generally observed to have been incorporated into most classes as a daily activity, usually during circle time. One teacher, however, was observed singing to individual children whenever she knew a song that related to something one of the children had said or done. She explained that she used this as an additional language activity and as a means of quieting the children at nap time.

Movement was integrated into the music in the form of gestures, hops, jumps, etc. Typically, the teacher and aide modeled the movement, and the children followed the lead. Records and cassettes were used frequently by most teachers. In one of the classes, music, which was played on a cassette player with special headphones, lulled a hydrocephalic child to sleep on her rest mat.

In one class, a rather unruly youngster was observed trying to get out of the room each time the door opened. For the first hour of school that morning, he insisted on "doing his own thing." The teacher explained that it was only his third day in class, and that he was not accustomed to the class activities. During the music session, he stood outside the circle but appeared to be interested in participating. The aide gently steered him into the music circle, and his interest and attitude toward the class changed for the better during the remainder of the time that the evaluator was in the room. In fact, in time he

actively participated in the instructional activity that followed the music circle and even assisted another child who dropped a crayola box.

Another interesting music/movement session was observed when several preschool classes joined together to form a large group. The children appeared totally comfortable with each other and with the different aides and teachers. As a matter of fact, the teachers and aides seemed to enjoy the experience as much as the children did. Some of the children climbed into the laps of the adults, while others sought out the stack of soft carpet squares and claimed it as their cozy spot. The singing continued no matter what position the children or adults were occupying.

Creative activities: Free or dramatic play. Some areas where free or dramatic play took place in the classroom included the block areas, sand and/or water play areas, dress-up or housekeeping areas, and toy areas. Some classes were allowed free play in an outside area. In the classrooms, free play centers were usually marked by colored tape boundaries on the floor with the children rotating from one center to another. It some classes, it was noted that the children began the day with a free play period, while in others free play or dramatic play was used as a reinforcement or as a transition from one activity to another.

Provisions for sand and/or water play were observed in a few locations. At one of these, no sand was in the table, but the teacher indicated that she had used cornmeal instead and that this substitution had worked very well. Water play, observed at one site, included

provisions for even the profoundly handicapped children. There were plastic tubs, foam wedges, and mirrors attached to the wall at floor level thus affording the child the opportunity to observe himself while engaged in a particular activity.

A noticeable difference was observed among teachers with regard to their understanding and appreciation of free play. Some appeared to consider it an integral part of the child's development, an opportunity for the child to learn independence and to acquire basic socialization skills. Others seemed to regard it as unstructured, nonacademic, and undesirable. It was interesting to note that, in many classes, even the most active child settled down after a short free-play period.

Personal care routines of children. Diapering and toileting facilities varied widely across programs. At one site, there was a bathroom within the classroom; at another, two bathrooms were located between the two preschool classes; and at yet another, two classes used bathroom facilities down the hall or in another preschool class. Problems occurred for teachers who had children who were partially trained or not trained at all. In some cases, these teachers did not have water in the room to facilitate cleaning and changing the children. They had to go down the hall or to the bathroom facility in another preschool class. This was time-consuming and required that either the teacher or the aide be absent from the classroom for several short periods of time during the day.

Small-sized toilets, washbasins, and urinals were seen at a number

of school sites. In other schools, adjustments had been made to accommodate the needs of the preschool children. Wide, low, wooden steps were built in front of urinals and washbasins, and special seats that fit over the regular-sized commodes or individual potty chairs were seen in several schools.

Personal grooming displays adjacent to the bathrooms and at the childrens' eye level reminded the children to brush their teeth, comb their hair, wash their hands, etc. At one site, a large, full-length mirror at the entrance to the bathroom area was used by the teacher to encourage the children to look at themselves in the mirror to see if noses needed wiping, pants needed zippering, etc. In a number of sites, personalized cubbies in the bathroom area kept needed supplies readily available for the teacher and aide. These ranged from empty ice cream containers wrapped in brightly colored contact paper, to rubber dish pans, to plastic bread baskets, all of which were personalized for the children.

Basic routines related to eating, sleeping, and toileting comprised a major portion of the day for many of the classes observed. Some children ate breakfast and lunch at school, some prepared their own breakfasts in the classroom, and some ate both morning and afternoon snacks, in addition to lunch at school. While some of the children were observed to be self-feeders, many needed assistance, or had to be hand fed by the teacher, aide, or, in some cases, a therapist. This was seen to be a time-consuming, but necessary activity. In fact, the development

of self-help skills in eating, grooming, and toileting are generally considered to be worthwhile objectives of this program, as judged by efficacy measures in related research.

Involving parents in the center-based preschool program

Communication notebooks between parents and teachers were observed in a number of classes. The notebooks were an interesting two-way communication medium containing notes from the teacher to parents and from parents to the teacher. The richness of information in these notebooks was impressive, as was the apparent success of this form of communication. Both teachers and parents interviewed were enthusiastic about this on-going method of communication.

In the notebooks, the teachers noted daily routines, health concerns, eating habits, upcoming fieldtrips, need for materials, etc. In one instance, the teacher explained that thickening and coloring of mucus was indicative of a possible bad cold, and suggested that the parent take the child to the doctor. In another, the teacher alerted the parent to possible pink eye. The parent wrote back that the problem was not pink eye, but rather, the result of a blow to the eye by a sibling who had been playing with the child.

One notebook contained a request by the teacher for materials, like toothpaste, diapers, a change of clothes, etc. One parent wrote back saying she would not have money for what was requested until she received a check. In the case of one child who was experiencing severe parental separation anxiety, the teacher communicated with the parent on

a daily basis, informing the mother of the child's toileting routine, his appetite, his crying cycle, the length of his nap time, and the need to work with him on basic echoing of language. In another notebook, there was a section in which the parents tracked behaviors and skill development.

Role in the home-based program

Teachers in home-based programs reported that they generally provide instruction to preschool children in their homes or in a daycare center once a week for a period of 90 minutes. The teachers' case loads ranged from 10 to 15 children. One teacher related that young children who were new to the program often experienced difficulty in tending to tasks for 90 minutes, so she generally scheduled them twice a week for 45 minutes per session. When the teacher deemed the child to be ready for the longer sessions, visits were rescheduled for once a week for 90 minutes of instruction. One teacher in a rural community reported that she drove approximately 200 miles a week to teach the children.

Speech therapy is also provided for 60-minute periods on a once-a-week basis for children needing the service. Parents generally transported their children to a school or center near the home for the receipt of speech therapy services.

Home-based teachers reported that they were responsible for developing their visitation schedules with the parents. One adult, preferably a parent, was required to be present during the instructional session. The teachers reported that scheduling a time that is convenient

for the parent and for the teacher was sometimes very difficult. One teacher reported that, when she attempted to set instructional times with a parent during an IEP conference, a 30-minute discussion ensued, during which the teacher explained that she could not disrupt the already established schedules of her other assigned children to accommodate this one parent. The mother related that she worked and was not able to be present. She said that her boyfriend would be at one session and that the teacher could go to a motel where a babysitter was in charge of the child for the second session. The mother could not give the teacher the babysitter's name.The teacher was not comfortable with this arrangement and did not think that it was in the child's best interest, so she continued to seek alternative times. Finally, two time segments during the week were discovered when the mother could be present at the home. The teacher said that this does not happen often but when it does, the teacher has to be persistent to ensure that the child will be served.

Home-based teachers sometimes have responsibility for the identification and screening of children. When the teachers are in the homes, they often see other children in the family in need of referral. Children are also referred by the health unit in the area. When this happens, the teacher makes an appointment for the screening either in the child's home or at the pupil appraisal office.

Accompanying the home-based teachers to the homes was a different experience for the evaluators. Everything that the teacher needs for

the instructional sessions with the children scheduled for that day must be carried in the teacher's car. The trunks were laden with children's instructional folders, numerous instructional activities, games, balls, pencils, pens, crayolas, finger paints, books, records and cassettes and their players, and, in one case, an ice chest containing Cool Whip. When the teachers arrived at the homes, they opened their car trunks and collected all the materials for that session. The evaluators helped to haul the many items into the home or daycare center.

The instructional activities conducted in the home-based sessions were very similar to those observed in the center-based programs. Teachers worked on one objective for 15 to 20 minutes and then went on to another. Activities generally include language development, fine motor coordination, counting, sorting, cutting and pasting, listening to stories and records, etc. Quite often the teachers were observed working with the children on the floor or at the kitchen table. One child had a small desk where he sat when the lesson was in progress and when he did his homework.

Home-based teachers reported that they worked closely with the parents or adults in the home. They usually explained what they were trying to accomplish with the child and left homework and instructions for completing it with the parents. One teacher left a special toy with a child until she returned the following week with the stipulation that the child perform one specific activity before being allowed to play with the toy. Both the child and the parent agreed that they would carry

out the teacher's orders and complete the work prior to playing with the toy.

Concerns expressed by teachers in the preschool programs

Some of the teachers interviewed voiced concern about the failure of some teachers and administrators to recognize the developmental needs of the children being served. Those who expressed concern felt that self-help and socialization skills were perhaps falling by the wayside as some teachers felt compelled to emphasize the preacademic elements of various curricula. There was concern not only that the world of academia was being pushed prematurely upon these children, but also that the foundation of prerequisite skills was being passed over lightly or ignored all together.

When questioned about maintenance-of-health procedures, most teachers expressed some concern about getting proper training from a professional, having the parent observe the teacher during training, and securing some legal assurances regarding liability in the event something went wrong during the procedure. Without exception, the teachers cited their primary concern as that of ensuring that no harm would come to the child.

Another concern expressed by teachers in center-based programs centered around the involvement of the parents in the childrens' program. Teachers reported that parents exhibited interest in their childrens' program when they first entered the program, but in many cases, this interest faded quickly as the children became more

self-sufficient and acclimated to their new environment. Teachers said that they would like to involve parents more, but were at a loss as to how to accomplish that goal. One of their recommendations was to request training for the staff in the area of teacher/parent communication. Home-based teachers did not cite parental involvement as a problem. The lack of adequate socialization skills was their major concern for children in the home-based programs.

References

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